



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

WSD

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)
(Type or Print Clearly)

03 JAN 15 17:01

PART I LOBBYIST

| | | | |
|---|---------|----------|----------------------------|
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| WONG | Shirley | C. | (808) 536-4996 Ext. 208 |
| MAILING ADDRESS (Street) (City) (State) (Zip Code) | | | |
| 1001 Bishop St. Pauahi Tower #2200 Honolulu, HI 96813 | | | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Health Insurance Association of America | | | (202) 824-1600 |
| MAILING ADDRESS (Street) (City) (State) (Zip Code) | | | |
| 1201 F Street NW Suite 500 Washington, D.C. 20004-1204 | | | |

PART II ORGANIZATION

| | |
|--|----------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | TELEPHONE |
| Health Insurance Association of America | (202) 824-1600 |
| MAILING ADDRESS (Street) (City) (State) (Zip Code) | |
| 1201 F Street NW, Suite 500 Washington, D.C. 20004-1204 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | TELEPHONE |
| ✓ Scott J. Kipper | 202-824-1600 |
| MAILING ADDRESS (Street) (City) (State) (Zip Code) | |
| ✓ 1201 F Street, NW, Suite 500, Washington, DC 20004 | |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Shirley C. Wong
(Signature of Lobbyist)

Jan. 4, 2003
(Date)

PART V AUTHORIZATION TO LOBBY

| | |
|--|--|
| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
| Scott J. Kipper | Legislative Director |
| NAME OF ORGANIZATION (if applicable) | TELEPHONE |
| Health Insurance Association of America | 202-824-1600 |
| MAILING ADDRESS (Street) (City) (State) (Zip Code) | |
| 1201 F Street, NW, Suite 500, Washington, DC 20004 | |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. | |
| <i>Scott J. Kipper</i> (Signature of Authorizing Officer or Person Represented) | 9 January 03 (Date) |